

CLAIMS ONLY						Application Number <i>10/535727</i>	Filing Date
						Applicant(s)	
<i>08-02-07</i>							
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2			/				
3			/				
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48							
49							
50							
Total Indep			3				
Total Depend			11				
Total Claims			14				